APPLICATION FOR APPROVAL OF COURSE IN RADIATION SAFETY

When submitting this application follow the enclosed guidelines. Complete descriptions of facilities, faculty, performance goals, curriculum content and competence assessment procedures are required in order to be considered for approval.

_____

APPLICANT (Sponsor of course) Telephone No.

_____

ADDRESS

_____

CLINICAL FACILITY ADDRESS (If different)

TYPE OF COURSE: RDA____ CERTIFICATION____CONTINUING EDUCATION_____

Type of program (Must be postsecondary) Community College _____
Dental School_____ Private School_____ Vocational Program_____
Other _____(Specify)
Do you have approval from the American Dental Association? Yes _____ No_____

PROGRAM FACULTY

1. Name of Program Director:_____License No._____Exp._____
   DDS____RDH_____RDA_____ License Number:_____
2. Instructors:
   DDS_____License#_____Expires_____
   RDA_____License#_____Expires_____
   RDA_____License#_____Expires_____
   RDA_____License#_____Expires_____
3. The RDA instructors shall hold valid California Radiation Safety Certificates. Attach a copy of all current license renewals, radiation certification and teaching credentials.
4. Faculty/Student Ratio: Didactic____:____Lab____:____Clinical____:____
5. Name of supervising dentist(s) responsible for clinical training:
   _____License#_____Expires_____

Attach a copy of a document signed by the supervising dentist in which the dentist agrees to be responsible for and in control of the quality, radiation safety and technical aspects of all x-ray examination and procedures in accordance with Section 106965 and 106975 of the Health and Safety Code.

Didactic Hours_____ Laboratory Hours_____ Clinical Hours _____

TOTAL LENGTH OF RADIATION SAFETY PROGRAM (hours)_____

Maximum number of students enrolled _____

1. Number of separate operatories:_____
2. Total number of operable x-ray units: _____(excluding panograph)
3. Number of darkroom facilities:_____
4. Total number of manual processing tanks:_____
5. Panographic machine? Yes_____ No_____
6. Number of full-mouth periapical surveys, consisting of at least 18 films, 4 of which must be bitewings, performed on a lab manikin: _____
7. Number of bitewing surveys, consisting of at least 4 films each, performed on a lab manikin:_____
8. Number of full-mouth periapical surveys, consisting of at least 18 films, 4 of which must be bitewings, performed on patients clinically:_____
9. Are all radiographic surveys exposed by a student evaluated by the student and faculty for acceptable diagnostic quality? Yes_____ No_____
10. Are extra-mural facilities used for clinical training? Yes_____ No_____
    A copy of each contract of affiliation with each clinical facility utilized by this course must be attached.

CERTIFICATES OF COMPLETION

A certificate must be issued to each student who successfully completes the course. A copy of the certificate with the school seal must be attached to the application. The certificate should contain, but not necessarily be limited to the following information:

A. Student Name
B. Date Course Completed
C. Signature of Administrator/Faculty
D. Course Provider
E. School Seal

THE APPLICATION WILL BE REJECTED IF IT IS NOT COMPLETE, THE TITLE IS INCORRECT OR IF NO CURRICULUM IS ATTACHED. SUBMIT 3 copies (for RDA program) copies of **EVERYTHING**

COMPLETE THE FOLLOWING: I certify under penalty of perjury under the laws of the State of California that the statements made above and the information provided with this application are true and correct and that the attached radiation safety program will be conducted in accordance with Section 1657 of the Business and Professions Code and Title 16 California Code of Regulations Section(s) 1014 and 1014.1.

_____ _____

Date Signature

_____

Title of person authorized to represent course

School Seal

10xrayap 09/04/02

GUIDELINES FOR RADIATION SAFETY COURSE

A radiation safety course is one which has as its primary purpose, providing theory and clinical application in radiographic techniques. The board shall maintain a single standard of care and shall approve only those courses which continuously maintain a quality standard of instruction.

A radiation safety course shall comply with the requirements set forth below in order to secure and maintain approval by the board. The course of instruction in radiation safety and radiography techniques offered by a school or program approved by the board for instruction in dentistry, dental hygiene or dental assisting shall be deemed to be an approved radiation safety course if the school or program has submitted evidence satisfactory to the board that it meets all the requirements set forth below.

SETTINGS

The course shall be established at the Postsecondary educational level or a level deemed equivalent by the Board of Dental Examiners. The following types of settings are acceptable:

A. An approved dental program
B. An approved dental hygiene program
C. An approved dental assisting program
D. A dental assisting program
E. An extramural facility which has a written contract of affiliation with one of the institutions listed above.
F. Continuing education courses approved by the Board which comply with the regulations.

FACILITIES

There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography operatories, darkrooms, and viewing spaces for mounting, viewing and evaluating radiographs. Adequate sterilizing facilities shall be provided.

X-ray areas shall provide protection to patients, students, faculty and observers in full compliance with applicable statutes and regulations, including California Radiation Control Regulations, (17 California Administrative Code, sections 30100 through 30468) and laws upon which they are based.

A. CLASSROOMS/LABORATORY

A classroom/laboratory shall be well ventilated, appropriately lighted, and of sufficient size to accommodate the number of students enrolled. There should be space for students to mount, view and evaluate radiographs.

B. RADIOGRAPHY OPERATORIES

A radiography operatory shall be deemed adequate if it fully complies with the California Radiation Control Regulations (Title 17, California Code of Regulations, commencing with Section 30100), is properly equipped with supplies and equipment for practical work and includes for every seven students at least one functioning radiography machine which is adequately filtered and collimated in compliance with Department of Health Services regulations and which is equipped with the appropriate position-indicating devices for each technique being taught.

C. DARKROOM

The darkroom shall be deemed adequate if it is of sufficient size based upon the number of students enrolled, to accommodate students' needs in learning processing procedures and is properly equipped with supplies and equipment for practical work. Darkroom equipment should include water temperature control valve(s), a safe light, a work surface, manual processing tanks, and film dryer or hanging racks. Provisions should be made to assure that films will not be damaged or lost.

D. EXTRAMURAL FACILITIES

There shall be a written contract of affiliation with each clinical facility utilized by a course. This written contract of affiliation shall describe the settings in which the clinical experience will be received and shall provide that the extramural facility has the necessary equipment and accessories appropriate for the procedures to be performed. The equipment and accessories must comply with the requirements listed above and be in safe operating condition. The contract shall contain a mechanism for ensuring that instruction will not be interrupted.

PROGRAM DIRECTOR

The program director, who may also be an instructor, shall actively participate in and be responsible for at least all of the following:

A. Providing daily guidance of didactic, laboratory and clinical assignments.

B. Maintaining all necessary records, including but not limited to the following:
   1. Copies of current curriculum, course outline and objectives.
   2. Records of faculty credentials, including those necessary to ensure all credentials are current and comply with the guidelines.
   3. Individual student records including those necessary to show satisfactory completion of the course.

C. Issuing certificates to each student who has successfully completed the course and maintaining a record of each certificate for at least 5 years from the date of its issuance.

D. Transmitting to the board on a form prescribed by the board the name, address, social security number and , where applicable, the California license number of each student who has successfully completed the course.

E. Informing the board of any revisions to the curriculum, and course outlines. The board recommends that the program director advise the board of any revisions to facilities, faculty or certificates of completion.

FACULTY

The faculty shall be adequate in number, qualifications and composition and shall be suitable qualified through academic preparation, professional expertise and/or appropriate training. There shall be no more than six students per instructor in the laboratory and clinical phases of the program.

Each faculty member shall possess the following qualifications:

A. A valid special permit or valid license as a dentist, registered dental hygienist, or registered dental assistant issued by the board.
B. Background in and current knowledge of dental radiography techniques.
C. A California Radiation Safety Certificate, or on or after January 1, 1985, shall successfully complete a board approved radiation safety course.
D. There shall be no more than 6 students per instructor in the laboratory and clinical phases of instruction.

If the program director does not meet the faculty requirements, then a faculty member shall be assigned the responsibility of the day-to-day supervision of the radiation safety course.

DIDACTIC INSTRUCTION AND DEMONSTRATION

Sufficient classroom instructions shall be provided in at least the following subjects to provide the educational foundation necessary for the laboratory and clinical phases of the program:

A. Radiation physics and biology.
B. Radiation protection and safety.
C. Intraoral techniques and holding devices.
D. Film exposure and processing.
E. Film mounting and viewing.
F. Supplemental techniques (including but not necessarily limited to: occlusal, head, TMJ, Cephalometric)

Students may be given the opportunity to obtain credit by the use of a challenge examination and other methods of evaluation.

LABORATORY INSTRUCTION

Sufficient hours of laboratory instruction shall be provided to ensure that a student successfully completes on a manikin at least the procedures set forth below. A procedure has been successfully completed only if each film is of diagnostic quality as described in the American Association of Dental Schools' 1979 Position Paper on Dental Radiography.

A. Two full-mouth periapical radiographic surveys consisting of at least 18 films each, 4 of which must be bitewings.
B. In addition to the above, two bitewing surveys, consisting of at least 4 films each.
C. Develop, process and mount exposed radiographs.

All radiographic surveys exposed by a student must be evaluated by the student and faculty using written criteria for acceptable diagnostic radiographs. Such criteria shall include at least proper contrast, density, definition, and minimal magnification or anatomic distortion.

CLINICAL EXPERIENCE

An organized program of instruction shall include sufficient clinical experience to obtain clinical competence in radiographic techniques, including:

A. A minimum of 4 full-mouth periapical surveys, consisting of at least 18 films each, 4 of which must be bitewings.
B. Developing, processing and mounting exposed radiographs.
C. All exposures made on human subjects shall only be made for diagnostic purposes.
D. All clinical instruction shall be made only under the supervision of a licensed dentist in accordance with section 106965 and 106975 of the Health and Safety Code.
E. The course must establish a policy for the re-taking of radiographs that are of unacceptable diagnostic quality.
F. If an extramural facility is used for clinical training, the facility must be visited by the faculty during the students' clinical training.

All radiographic surveys exposed by a student must be evaluated by the student and faculty using written criteria for acceptable diagnostic radiographs. Such criteria shall include at least proper contrast, density, definition, and minimal magnification or anatomic distortion.

CERTIFICATE

A certificate shall be issued to each student who successfully completes the course. A student shall be deemed to have successfully completed the course if the student has met all the course requirements and has obtained passing scores on both written and clinical exams. The certificate should contain, but not necessarily be limited to:

A. Student's name
B. Course provider
C. Date course completed
D. Signature of administrator/faculty
E. School seal

3 SAMPLES OF THE CERTIFICATE MUST BE INCLUDED ALONG WITH 3 COPIES OF THE APPLICATION AND 3 COPIES OF THE CURRICULUM FOR BOARD APPROVAL OF COURSE OF INSTRUCTION
REVISED 09/02
GUIDELINE\XRAY

SITE VISIT

SURVEY MANUAL AND APPROVAL APPLICATION

FOR THE

COURSE IN RADIATION SAFETY

AT

_____

NAME OF INSTITUTION

_____

STREET ADDRESS

_____

CITY AND ZIP CODE

_____

DATE OF SUBMISSION

_____

DATE OF EVALUATION VISIT

Dear Applicant:

This application packet, along with the Guidelines for Radiation Safety course and two page summary application form, represents the administrative parameters for Board approval by site evaluation of radiation safety course. Please carefully read all documents in their entirety, for they are intended to operate as a unit, not separately. If you have any questions about this material after you have thoroughly reviewed it, please contact the office of the Committee on Dental Auxiliaries (COMDA).

Every effort will be made to accomplish site evaluations in an expeditious manner. A dominant concern, however, is to render a qualitative and objective evaluation that is consummately fair to the applicant program and protective of the citizens of California. The Board will not permit shortcuts that jeopardize this most important aspect of its scrutiny.

The Board, COMDA staff and evaluators will work closely with you to complete this process in a professional manner befitting the practice of dentistry in California.

Your cooperation and assistance during this entire procedure is very much appreciated. When you have completed the application packet, please submit your original application, two page summary application and 3 copies to COMDA.

Committee on Dental Auxiliaries
Board of Dental Examiners

MEMORANDUM

TO: COMMITTEE ON DENTAL AUXILIARIES Date:

This application for approval is submitted to the Committee on Dental Auxiliaries (COMDA) for evaluation of this institution as a Board-approved radiation safety course.

We certify:

1. That in preparing this application there was broad participation by the members of the total administrative staff listed below and consultation with all individual faculty members concerned with the radiation safety course.

2. That we believe this application truly and accurately portrays this program.

3. Faculty members are familiar with the contents of this application.

Names and titles:	License Number	Expiration Date
Program Director		
Program Faculty		
Program Faculty		
Program Faculty		
Program Faculty		
Supervising Dentist		

A. SCHEDULE FOR COURSE SITE VISIT

1. Introduction.

As part of the approval process, the site team evaluator/s will be required to visit the primary clinical facility where the radiography operatory(ies), x-ray equipment, classroom, laboratory and darkroom are located. Please provide the following

information:

2. _____
Applicant/Sponsor of Course

3. _____
Applicant/Sponsor of Course's Address

4. _____
Applicant/Sponsor of Course's City, State, Zip Code

5. _____
Applicant/Sponsor of Course's Phone Number

6. _____
Clinical Facility Address

7. _____
Clinical Facility City, State, Zip Code

8. _____
Clinical Facility Phone Number

B. PROVIDER CLASSIFICATION/SETTING

1. Please place an X in the space provided to indicate the provider's classification:

RDA____CERTIFICATION_____ CONTINUING EDUCATION _____

2. Please place an X in the space provided to indicate the setting that the course is

offered.

_____DENTAL SCHOOL

_____COMMUNITY COLLEGE

_____PRIVATE SCHOOL

_____VOCATIONAL PROGRAM

_____OTHER : (Please describe)

_____

_____

_____

_____

3. Does your facility offer accredited programs in Dental Assisting, Dental Hygiene or Dentistry?

_____YES _____NO

C. PROGRAM DIRECTOR

Each program director shall possess a valid special permit or valid license issued by the Board. May be a DDS, RDA, RDAEF, or RDH. A program director may also serve as the program faculty.

The following additional qualifications must be met:

1. Background in and current knowledge of dental radiography techniques.

2. Possess a California Radiation Safety Certificate.

REGISTERED DENTAL ASSISTANT X-RAY PROGRAM DIRECTOR

Name_____

Academic Rank or Title_____

Type of Appointment: _____ Full Time_____Other(describe):_____

_____

Years of Professional Experience: _____

Years of Teaching Experience: _____

Type of Institution: _____

Employment History: **Attach resume**

Educational Background:

Degree	**Where Obtained**	**Year Conferred**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

License/Certificates:

RDA Number_____**Expiration Date:**_____

Radiology_____

Other:_____

Teaching Credentials: **Type:**_____**Date Conferred**_____

Provide documentation of current licensure renewals, radiation certification, current cpr, and teaching credentials...

D. PROGRAM FACULTY

Each faculty shall possess a valid special permit or valid license issued by the Board. May be a DDS, RDA, RDAEF, or RDH. A program director may also serve as the program faculty.

The following additional qualifications must be met:

1. Background in and current knowledge of dental radiography techniques.

REGISTERED DENTAL ASSISTANT X-RAY PROGRAM FACULTY

Name_____

Academic Rank or Title_____

Type of Appointment: _____ Full Time_____Other(describe):_____

_____

Years of Professional Experience: _____

Years of Teaching Experience: _____

Type of Institution: _____

Employment History: **Attach resume**

Educational Background:

Degree	**Where Obtained**	**Year Conferred**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

License/Certificates:

RDA Number_____**Expiration Date:**_____

Radiology_____

Other:_____

Teaching Credentials: **Type:**_____**Date Conferred**_____
Provide documentation of current licensure renewals, radiation certification and teaching credentials...

E. SUPERVISING DENTIST

1. As part of an approved radiation safety course, a currently licensed dentist must oversee the courses offered. This includes at least:

    a. Evaluation of curriculum

    b. Periodic review of dental x-rays, records, etc.

c. The dentist must sign a document in which he agrees to be responsible for and in control of the quality, radiation safety, and technical aspects of all x-ray examinations and procedures in accordance with Section 25661(h) of the Health and Safety Code.

2. Provide the following information on your supervising dentist:

_____

Name of Supervising Dentist

_____

Address

_____

City **Zip Code**

_____

Work Phone Number

_____

License Number **Expiration Date**

_____

Date of Last Curriculum Review

_____

Date of Last Dental X-ray and Records Review

Include a document signed by the supervising dentist in which the dentist agrees to be responsible for and in control of the quality, radiation safety and technical aspects of all x-ray examinations and procedures in accordance with Section 106965 and 106975 of the Health and Safety Code.

F. ADMISSION TO THE RADIATION SAFETY COURSE

1. Applications

a. What is the maximum number of students that can be accepted in each radiation safety class?

_____

b. What are the established criteria and procedure for admission to the

class?

G. FACILITIES, EQUIPMENT AND SUPPLIES

Describe the primary facility of instruction and provide the necessary documents where indicated.

OPERATORY

1. How many separate dental operatories are there in the facility? _____

2. How many of these operatories contain a separate x-ray machine?_____

3. Do you have a panorex machine? YES_____ NO_____

4. Provide a description of the infection control protocol utilized for the equipment in the x-ray operatory.

5. Provide a copy of the documentation that establishes each x-ray operatory is in full compliance under the California Radiation Control Regulations (Title 17, California Code of Regulations, commencing with Section 30100).

DARKROOM

6. Do the darkroom facility(ies) contain the following, yes or no:

	YES	NO
Water Temperature Control Valves	_____	____
Safelight	_____	____
Work Surface	_____	____
Manual Processing Tanks	_____	____
Method For Film Drying	_____	____

7. If automatic processing units are used, indicate the design:

_____ Installed in darkroom

_____ Daylight loading, portable unit

8. Provide a description of the infection control protocol used for the darkroom.

9. Is there a light over the darkroom door to indicate the darkroom is in use yes _____ or no_____.

STERILIZATION/DISINFECTION/WASTE

10. Describe the facilities where sterilization of the position-indicating devices are sterilized.
11. Describe the method/s for waste removal of processing chemicals.

EQUIPMENT AND SUPPLIES

12. List all audio visual equipment and material used for the course.

13. Provide an inventory of all x-ray equipment and supplies maintained by the program.

H. CURRICULUM

1. Provide the following general course information (curriculum task needs to be broken down to show hours for each separate area:

   _____Total Hours of Course

   _____Total Didactic Hours

   _____Total Laboratory Hours

   _____Total Clinical Hours

2. Laboratory and Clinical Instruction

   Provide the amounts of exposure techniques that your students perform in the following classifications:

   a. Total number of bitewing surveys on a manikin consisting of at least 4 films_____.

   b. Total number of full mouth surveys on a manikin, consisting of at least 18 films _____

   c. Total number of full mouth surveys on a patient, consisting of at least 18 films_____.

   Describe any additional exposure techniques that students perform. Example: Panorex, edentulous, pediatric, etc.

Technique	Amount of Exposure
_____	_____
_____	_____
_____	_____

3. Provide a comprehensive course outline that includes:

   Cognitive Objectives

Psychomotor Objectives
Detailed Course Outline
Written criteria for acceptable diagnostic radiographs.

4. Describe how the laboratory and clinical practice experience is conducted.

5. Describe the procedures used for assisting students with academic difficulties.

6. Describe the universal precautions used when exposing radiographs.

7. Describe the policy for re-taking of radiographs that are of unacceptable diagnostic quality.

8. Provide a patient consent form.

9. Provide a comprehensive health history form.

10. Provide a protocol for pregnancy.

11. Provide a protocol for operator safety.

12. Provide a copy of the program's radiation safety protocol which includes infractions, retake policy, pregnancy, disposition of x-rays.

I. **In-Class Grading system and Evaluation.**

1. Attach the final radiation safety examination.

2. Describe the procedure used by the students to evaluate all of their radiographic surveys.

3. Describe how the instructor evaluates the student's radiographic surveys.

4. Describe how the clinical examination is conducted and what constitutes a passing score for this examination.

5. Describe how the written examination is conducted and what constitutes a passing score for this examination.

K. Extramural Facilities

If another facility is utilized for clinical and or laboratory experience the following must be provided:

1. Provide a written contract of affiliation which describes the settings in which the clinical experience is received, verification that all equipment meets the State requirements, a medical health history is on file for each patient being exposed, and a mechanism for ensuring that instruction will not be interrupted, and signature of provider facility with address and phone numbers.

2. Written protocol on how this contract is processed and secured.

L. Certificate Requirements

1. Describe the requirements for receiving a Certificate of Completion.

2. Provide a certificate that contains the student's name, course provider, date course completed, signature of administrator/faculty and school seal.

3. Describe protocol for duplicate certificates when original is lost.